

**POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number:	09/351,778
Filing Date:	July 12, 1999
First Named Inventor:	William WOLD
Art Unit:	1632
Examiner Name:	ANNE M. S. WEHBE
Attorney Docket Number:	VIRX:002US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 32425

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☐ Firm or
Individual Name

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature

Name

Title and Company

Saint Louis University

Telephone

314-977-7222

Date

8-15-10

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.